

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>7/21/05</u>		2 Serial/Patent # <u>10/522326</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input checked="" type="checkbox"/>	Filing			\$ 50.00	
<input type="checkbox"/>	Amendment			\$	
<input type="checkbox"/>	Extension of Time			\$	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$	
<input type="checkbox"/>	Petition			\$	
<input type="checkbox"/>	Issue			\$	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/>	Maintenance			\$	
<input type="checkbox"/>	Assignment			\$	
<input type="checkbox"/>	Other			\$	
<div style="border: 1px solid black; padding: 5px; display: inline-block; background-color: #e0e0e0;"> <i>Done</i> </div>			7 TOTAL AMOUNT OF REFUND		\$ 50.00
8 TO BE REFUNDED BY:			Treasury Check		
9 REASON:			Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	Overpayment	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>			
<input type="checkbox"/>	Duplicate Payment	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>			
<input type="checkbox"/>	No Fee Due (Explanation):				
<i>Refunded to credit card</i>					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>Darrell Cottman</u>			TITLE: <u>Paralegal</u>		
SIGNATURE: <u>Darrell Cottman</u>			PHONE: <u>703-308-9140 x203</u>		
OFFICE: _____					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____			DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*